CORE DIAGNOSTICS™

Your Test Results

Diagnostics no.	20022025020	Patient LAN	0
Patient Name.	Aman	Req. Date & Time	28-06-2025 9:35:00 AM
Age	25Years	Sample Collection	28-06-2025 9:35:00 AM
Sex.	Male	Reporting Date &Time	29-06-2025 10:27:43 AM
Patient Phone	9810125121	Location	Rudrapur

Parameter	Result	References
Renal Profile-RFT (Renal Function Test) ~ Clinical Chemistry ~ Blood (Serum)-Red		
SERUM CALCIUM	10.9 mg/dl	8.5 to 10.5 - mg/dl
Uric Acid	7.07 mg/dl	1.5 to 6 mg/dl
Blood Urea Nitrogen (BUN)	23.47 mg/dl	8.4 to 25.7 mg/dl
Serum Creatinine Method : Enzymatic	1.11 mg/dl	0.5 to 1.5 mg/dl
BUN/Creatinine Ratio Method : Calculated	21.22	

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Parameter	Result	References
Lipid Profile Test ~ Clinical Chemistry ~ Blood (Serum)-Red		
S.TOTAL CHOLESTEROL Method : CHOD-PAP,End Point	170.60 mg/dL	<200 mg/dL
S.TRIGLYCERIDES Method : GPO Trinder	144.35 mg/dL	40 to 160 mg/dL
Direct HDL Method : Direct	56.85 mg/dL	35 to 60 mg/dL
LDL Method : Calculated	120.85 mg/dL	75 to 130 mg/dL
VLDL Method : Calculated	33.90 mg/dl	10 to 32 mg/dl
TOTAL CHOLESTEROL/HDL RATIO Method : Calculated	3.00	3 to 5.
LDL/HDL RATIO Method : Calculated	2.13	1.5 to 3.5
NON HDL CHOLESTEROL*	113.75 mg/dl	

Interpretation:

The results of your lipid panel are reported for each type of cholesterol and triglycerides. These are measured in milligrams per deciliter of blood (mg/dL). The optimal or target level for each part of the standard lipid test are listed below:

Total cholesterol: Desirable Level: 130.0 - 200.0, Borderline: 200.0 - 240.0, Undesirable: >240.0 mg/dL HDL (good) cholesterol: Above 42.0-88.0 mg/dL (Female), Above 35.0-80.0 mg/dL (Male)

LDL (bad) cholesterol: Below 130 mg/dL (For people with diabetes: Below 100 mg/dL)

Triglycerides: Desirable Level: <160.0, Borderline: 160.1 - 199.0, High: > 200.0 - 499.0, Very High: > 500.0 mg/dL

Values that do not meet these targets may be classified as borderline-, intermediate-, or high-risk. In general, higher-than-target levels of total cholesterol, LDL, and triglycerides and lower-than-target levels of HDL can heighten the risk of cardiovascular problems. Test results are interpreted in the context of your overall health and other risk factors. Cholesterol-lowering medications, such as a class of drugs called statins, are most likely to be recommended for patients with very high LDL or elevated LDL combined with other risk factors such as diabetes or past cardiovascular problems. Abnormally low levels of cholesterol are rare and usually associated with a health condition causing malnutrition.

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Parameter	Result	References
LFT (Liver Function Test) ~ Clinical Chemistry ~ Blood (Serum)-Red		
Total Bilirubin Method : Diazo Method	1.2 mg/dL	<2 mg/dL
Direct Bilirubin Method : Diazo Method	0.4 mg/dL	0.1 to 0.4 mg/dL
Indirect Bilirubin Method : Calculated	0.95 mg/dL	<0.8 mg/dL
SGOT Method : IFCC Without Pyridoxal Phosphate	38.86 U/L	<31 U/L
SGPT Method : IFCC Without Pyridoxal Phosphate	32.86 U/L	<34 U/L
SGOT/SGPTRatio	1.18	
Alkaline Phosphatase Method : AMP Method	114.89 U/L	42 to 98 U/L
S.GGT	28.20 U/L	<30 U/L
Total Proteins Method : Biuret Method	7.72 gm/dL	6 to 8.5 gm/dL
Albumin Method : BCG Method	4.40 gm/dL	3.5 to 5.5 gm/dL
Globulin Method : Calculated	3.30 gm/dL	2.5 to 3.5 gm/dL
A/G Ratio Method : Calculated	1.33	1 to 1.8

Interpretation:

These tests help detect liver disease, differentiate liver disorders, assess liver damage, and monitor treatment. AST/ALT elevations suggest liver cell necrosis, while ALP elevations indicate cholestasis or bile duct obstruction. High bilirubin (TBIL) causes jaundice. Neonates are at risk for kernicterus due to an immature blood-brain barrier, potentially leading to permanent neurological damage.

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Parameter	Result	References
Platelet Count	**2.9** Lakh/comm.	1.50 – 4.00 Lakh/comm.

Interpratation:

Method : PLT-Electrical impedance method.

POSSIBLE CAUSES OF ABNORMAL PARAMETERS:-

Low platelets - risk of bleeding
High platelets - risk of thrombosis

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Parameter	Result	References
TFT (Thyroid Function Test) ~ Clinical Chemistry ~ Blood (Serum)-Red		
T3 (Triiodothyronine) Method : CLIA	1.61 ng/ml	0.87 to 1.78 ng/ml
T4 (Thyroxine) Method : CLIA	9.00 ug/dl	3.2 to 12.6 ug/dl
TSH-Thyrotropin Stimulating Hormon	3.35 uIU/ml	0.35 to 5.5 uIU/ml

TSH in uIU/ml reference range according to age

1-4 days = 1.00-39.0

5 days- 5 months = 1.7-9.10

5 months- 20 years = 0.70- 6.4

>20 years = 0.55 - 4.78

PRENANCY REFERENCE RANGE FOR TSH

1 st Trimester = 0.10- 2.50

2 nd Trimester = 0.20-3.00

3 rd trimester = 0.30-3.00

Guidlines from American thyroid association for the diagnosis and management of thyroid disease during pregnancy and post partum,2011,21;1-46

CLINICAL USE

1. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 value and depressed TSH levels.
2. Primary hypothyroidism is accompanied by depressed serum T3 and T4 value and elevated serum TSH levels.
3. Normal T4 levels accompanied by high T3 levels are seen in patient with T3 thyrotoxicosis
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy.
5. Depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.
6. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumours (secondary hyperthyroidism)
7. TSH is elevated in Primary untreated hypothyroidism, Hashimotos thyroiditis, TSH antibodies, first 2-3 days after birth
8. Drugs that decrease TSH value e.g: L-dopa Glucocorticoids,
9. Drugs that increase TSH value e.g Iodine, Lithium, Amiodarone, Amphetamine, Dopomine Antagonist

NOTE : Assay result should be interpreted only in context of other laboratory findings and the total clinical status of the patient

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Parameter	Result	References
HAEMATOLOGY ~ Clinical Chemistry ~ Whole Blood-Edta		
Hemoglobin (Hb)	13.8 mg/dL	12.5 to 17.5 mg/dL
TLC (Total Leucocyte Count)	7708 /comm	4000 to 11000 /comm
ESR (Erythrocytes Sedimentation Rate)	12 mm at 1hr	0 to 15 mm at 1hr
Glucose Random	120 mg/dL	70 to 140 mg/dL

Interpratation:

WBC- Flow Cytometry by laser. and HGB -Colorimetric m
ESR- Modified Westergren's
As per ADA Guidelines 2017, Diagnostic criteria for Diabetes: Random plasma glucose>/=200 mg/dL in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis

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